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I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

December 15, 2004 *(Signature)*
Date Ayesha J. Shaikh

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/781,987 Confirmation No. : 5377
Applicants : Randhir P.S. Thakur, Garry A. Mercaldi, Michael Nuttall, Shenlin Chen and Er-Xuan Ping
Filed : February 18, 2004 Attorney Docket No. : 500996.02 (30014/US/2)
Art Unit : 2825 Customer No. : 27,076
Examiner : Chuong A. Luu
Title : METHODS FOR ENHANCING CAPACITORS HAVING ROUGHENED FEATURES
TO INCREASE CHARGE-STORAGE CAPACITY

REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 C.F.R. § 1.114

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants request continued examination, under 37 C.F.R. § 1.114, of the above-identified application.

1. Submission Required Under 37 C.F.R. § 1.114

- a. ☐ Submission previously submitted
- i. ☐ Consider the amendment/reply under 37 C.F.R. § 1.116 previously filed on _____.
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - iii. ☐ Consider the Information Disclosure Statement (IDS) previously filed on _____.

b. ☒ Submission enclosed

- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Information Disclosure Statement (IDS)

2. Suspension of Action (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required)

☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

3. Accompanying Papers

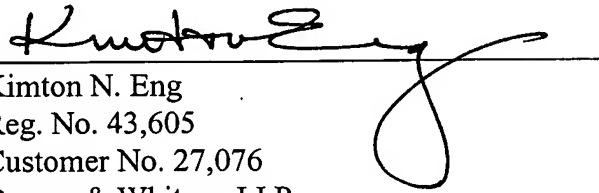
- ☒ Postcard
- ☒ Check
- ☒ Fee Transmittal Sheet
- ☐ Petition

4. Deposit Account

☒ The Commissioner is authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 50-1266.

Respectfully submitted,

Date: December 15, 2004

By: 
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